



# Washington State Liquor Control Board

## Affidavit of Lost or Replacement Mixologist/Server Permit

Please print and complete the following information. Check MAST Permit Checker for your class date, permit expiration date, permit number, and more at

<http://www.liq.wa.gov/licensing/mast-permit-checker>

LOST PERMIT: \_\_\_\_ NAME CHANGE: \_\_\_\_ PERMIT NUMBER IF KNOWN: \_\_\_\_

DATE OF ORIGINAL CLASS: \_\_\_\_ CERTIFIED FOR CLASS 12: \_\_\_\_ CLASS 13: \_\_\_\_

**Your name on the permit must match the name on the ID (such as driver's license)**

LAST NAME: \_\_\_\_ FORMER NAME: \_\_\_\_

FIRST NAME: \_\_\_\_ MIDDLE INITIAL: \_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_ DATE OF BIRTH: \_\_\_\_

PRESENT MAILING ADDRESS: \_\_\_\_

CITY: \_\_\_\_ STATE: \_\_\_\_ ZIP + 4: \_\_\_\_

SEX: M \_\_\_\_ F \_\_\_\_ HEIGHT: \_\_\_\_ WEIGHT: \_\_\_\_ PHONE #:(\_\_\_\_) \_\_\_\_

EMPLOYER: \_\_\_\_ PHONE #:(\_\_\_\_) \_\_\_\_

I certify under penalty of perjury that all answers and statements are true, correct and complete. I understand that the untruthful or misleading answers are cause for rejection of my application and/or revocation of any certification granted.

SIGNATURE: \_\_\_\_ DATE: \_\_\_\_

**Send \$5.00 to:** WSLCB, MAST Coordinator  
P O Box 43085  
Olympia WA 98504-3098

**Note:** Per Agency Policy #565, customers who submit a returned check are required to pay a \$30 fee and must make full restitution within 30 calendar days. If a non-licensed customer does not make full restitution of the returned check within 30 calendar days, the check shall be sent to a collection agency. **Make check payable to WSLCB**

WSLCB Use Only Check #: \_\_\_\_ Amount: \_\_\_\_

Date: \_\_\_\_ Rec'd By: \_\_\_\_

Issued Permit #: \_\_\_\_ Data Entry Date: \_\_\_\_ By: \_\_\_\_

(rev. 2/2012)